

CHILDREN'S ADMINISTRATION (CA) SHARED PLANNING MEETING

| Consent to share information (14-012) completed and signed: Yes No (If yes, please attach form) If no, reason: | | | | | | | | | |
|---|--|--|-----------------|--------------------|---------------------|---------------------------------|---------------------------------|--|--|
| SECTION I | | | | | | | | | |
| PARENT/FILE NAME CASE NUMBER | | | | | | | | | |
| SOCIAL WORKER NAME SSPS NUMBER TELEPHONE NUMBER OFFICE | | | | | | | | | |
| DATE OF MEETING | LOCATION OF MEETING | LOCATION OF MEETING ODICINAL DIACEMENT DATE (ODD) MAME OF FACILITATOR (Kennellink) | | | | | | | |
| DATE OF MILETING | TING LOCATION OF MEETING ORIGINAL PLACEMENT DATE (OPD) NAME OF FACILITATOR (If applicable) | | | | | | | | |
| SECTION 2 | | | | | | | | | |
| | | _ | _ | leeting Time Frame | | | | | |
| Meeting within72 hours of OPD (if | Meeting within 30 days of OPD | | g within OPD | | Meeting e 12 months | very 📙 O | ther | | |
| available) Other meetings th | at may be consolidat | ted with an | v of the | above meeting time | thereafter | eck all that ar | only) | | |
| Adoption Planning Review Behavior Rehabilitative Services (BRS) Staffing Case Conference (RCW 13.34.067) Case Transfer Staffing CHET (Child Health and Education Tracking) Staffing EPSDT Staffing Mental health/substance abuse treatment planning triggered by denial of service (for the child) Family Meeting (FTDM, Family Support Meeting, Family Unity Meeting, Family Group Conference) Foster Care Assessment Program Key Person Staffing (FCAP) LICWAC staffing Multiple Placement Staffing Multiple Placement Staffing (formerly No Wrong Door Staffing) Permanency Planning Staffing (aka Prognostic Staffing) Tribal staffing (ICW Manual) Other | | | | | | | | | |
| | | | SECT | ION 3 | | | | | |
| | | Meetii | ng Invite | es/Participants | | | | | |
| Distribution List (who received a copy of the form? Yes No | Role in relation to child reference with CAN | | | Name | | Invited to Meeting Yes No | Present at Meeting Yes No | | |
| | Father(s) | | | | | | | | |
| | Mother(s) | | | | | | | | |
| | Child | | | | | | | | |
| | Sibling(s) | | | | | | | | |
| | Relative(s) | | | | | | | | |
| | Foster parent/relative ca | aregiver | | | | | | | |
| | CASA/GAL | | | | | | | | |
| | Attorney(s) | | | | | | | | |
| | CSO | | | | | | | | |

| Distribution List (who received a copy of the form? Yes No | | ation to chi | | | | Nar | me | | | ed to eting No | | ent at eting No |
|--|----------------------------|------------------|------------------|------|----------------------------|-------------|-----------------|-----------|--|----------------------|---------|-----------------------|
| | Tribes | | - / | | | . 10. | | | | | | |
| | LICWAC | | | | | | | | | | | |
| | Substance Provider (fo | | | | | | | | | | | |
| | Mental Hea Provider (fo | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | Skip th | is sectior | | ECTION 4 rent family fa | ace sh | eet is attached | ! | | | | |
| | | | | | nt Informatio | | | | | | | |
| NAME OF MOTHER | | | DATE OF BIRTH | | ETHN | ETHNICITY | | | | | | |
| NAME OF FATHER | | | PATERNITY STATUS | | DATE OF BIRTH ETHNICIT | | Y | | | | | |
| NAME OF FATHER | | PATERNITY STATUS | | DATE | DATE OF BIRTH ETHNICITY | | | | | | | |
| NAME OF FATHER PATERNIT | | | TY STATU | JS | DATE | OF BIRTH | ETHNICITY | | | | | |
| SECTION 5 Native American Status | | | | | | | | | | | | |
| ETHNIC IDENTITY FOR | RM IN FILE? | TRIBAL A | FFILIATIO | | anencan ota | <u>atus</u> | | | | | | |
| Active efforts to identify Tribal status? Yes No | | | | | | | | | | | | |
| | • | | | | ECTION 6 | ace sh | eet is attached | 1 | | | | |
| | | <u> </u> | 0000101 | | I Information | | 00170 411407704 | | | | | |
| Child Name |) | Date of Bi | rth (| OPD | Ethnicity | у | Current F | Placement | | Date | of Plac | ement |
| | | | | | | | Name: | | | | | |
| | | | | | | | Type: Name: | | | | | |
| | | | | | | | Type: | | | | | |
| | | | | | | | Name: | | | | | |
| | | | | | | | Type: Name: | | | | | |
| | | | | | | | Type: | | | | | |
| | | | | | | | Name: | | | | | |
| | | | | | | | Type: | | | | | |

^{*}May include service providers, community representatives, person identified by youth, etc

| SAFETY |
|--|
| Review assessments related to safety Develop/update safety plan or transition and safety plan Identify/discuss family, community and cultural supports Identify/discuss services and referrals needed to eliminate need for agency involvement |
| RECOMMENDATIONS/ASSIGNMENTS/DATES |
| PERMANENCY |
| Discuss Placement Stability of the current placement Additional services to strengthen placement to reduce risk of disruption Placement with siblings Discuss status of relative search/relative home study (both maternal and paternal sides). Discuss status of Tribal affiliation. Discuss ways to maintain community and cultural connections. Identify/update permanency planning goals and progress, including barriers to permanency. Discuss referral for TPR petitions (if child has been out of home 12 of the last 19 months) or identify/discuss compelling reasons not to file. Discuss actions to support concurrent planning. Discuss option of adoption with current caregiver. Develop and/or update visiting plans, including sibling visits. Complete Adoption Planning Review form (if appropriate). |
| |
| Document recommended permanency plan (both primary and alternate plan). Return Home Adoption Guardianship: Dependency Guardianship¹ or Superior Court Guardianship Third Party Custody Long Term Foster Care/Relative Agreement |
| Document any compelling reasons: If not filing a TPR². If choosing a permanent plan other than return home, adoption, guardianship or third party custody. |
| Document plan to maintain and/or achieve stability in placement:(include any additional services for the child, parent or caregiver to strengthen placement): |

¹ If Dependency Guardianship is recommended, the Dependency Guardianship Checklist must be attached.
2 Termination of Parental Rights Petition
DSHS 14-474 (REV. 06/2006)

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- Identify, address, and document the health and educational well-being of child, including services needed to support
 healthy development
- Is the child achieving the developmental tasks for his/her age group?
- Review and/or assign roles and responsibilities for child's education
- Gather/review/update medical information
- Discuss/review Independent Living Services
- As a result of the CHET screening or consultation with the PHN, are there any services that need to be considered?

| As a result of the offer selecting of consultation with the Fritt, are there any services that need to be considered? |
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| RECOMMENDATIONS/ASSIGNMENTS/DATES |
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| ATTACHMENTO |
| ATTACHMENTS: |
| ☐ Family Face Sheet (14-024) |
| ☐ Investigative Risk Assessment (15-263) |
| ☐ Safety Assessment (15-258) |
| ☐ Safety Plan (15-259) |
| ☐ ISSP (15-209) – REQUIRED ATTACHMENT, if due per policy |
| ☐ Indian Heritage Questionnaire (04-220A) |
| Reassessment of Risk (15-262) |
| Reunification Assessment (15-261) |
| Transition and Safety Plan (15-264) |
| Child's Medical and Family Background Report (13-041)(first four pages completed) |
| Child Information for (15-300; 04/2005) |
| CHET Screening Report (14-444) |
| Parent Information Sheet (15-260) |
| Group Care Social Summary/Referral (10-166A) |
| Relative Search (form #) |
| Dependency Guardianship Checklist |
| ☐ Other |
| |

CHILDREN'S ADMINISTRATION

| SIGNATURE PAGE | | |
|----------------|------------------|------|
| CASE NAME | DATE OF STAFFING | TIME |

I pledge to hold in confidence all information, verbal or written, I receive as a result of this Shared Planning Meeting. RCW 74-04.060 prohibits "... disclosing the contents of any records, files, papers, and communications, except for the purpose directly connected with the administration of the programs..." I agree I will not reveal, publish or otherwise make known to unauthorized persons of the public any information obtained in the course of the Shared Planning Meeting. If I am a staff member, this pledge covers discussion on my part with fellow staff members (unless specifically allowed by statute), personal friends and fellow citizens, in private, semi-private or public places. Any unauthorized release of information is in violation of state and federal law, and I understand I may be subject to criminal and/or civil sanctions as a result of such a release.

I understand that my role in this meeting is to assist in providing information related to the above case. I understand that this information may assist Children's Administration in making recommendations to the court regarding services for the child and family, the safety issues, the best permanent living arrangement for the child, and well-being issues.

| PRINT NAME | SIGNATURE | ROLE/RELATIONSHIP |
|------------|-----------|-------------------|
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Shared Planning Meeting Instructions

The purpose of Shared Planning is to bring individuals together to share information, plan and inform decisions regarding children and families involved with Children's Administration (CA). All shared planning meetings will address <u>safety</u>, <u>permanency and well-being</u>, and include a review of the tasks and activities associated with each of these elements. A shared planning meeting may <u>include an update or full discussion of one or more of the tasks and activities</u>.

- 1. Section 1 Social worker completes
- 2. Section 2 Social worker refers to Shared Planning Policy to determine which time frame to check and other meetings that can be consolidated with the shared planning meeting.
- 3. Section 3 Social worker completes.
- 4. Section 4 Social worker completes <u>unless</u> a current family face sheet is attached.
- 5. Section 5 Social worker completes.
- 6. Section 6 Social worker completes unless a current family face sheet is attached.
- 7. Section 7 **Bolded statements are for discussion. This may be an update or full discussion.**Social worker documents any recommendations, assignments and/or dates for completion in the three main elements: Safety, permanency and well-being as necessary. <u>Documented recommendations should be utilized to update service plans</u>.
- 8. Attach most recent ISSP, if due per policy, to facilitate the shared planning process.